



~~~~~**SIGN ME UP!**~~~~~

## **Four Ways to Register**

Please have all registration information included on the registration form below at the time of registration

**Walk-In Registration:** Missouri City Parks and Recreation Office: 1522 Texas Parkway ▪ during operating hours.

**Phone-In Registration:** Please call (281) 403-8637 to register for an activity by phone. Credit Card payment required for phone-in registration.

**Fax-In Registration:** Fax this form with complete information along with credit card payment information to **281-261-4315**

**Mail-In Registration:** Mail the completed form below, with payment (payable to MCPARD) to:

**Missouri City Parks and Recreation Department, 1522 Texas Parkway • Missouri City, Texas 77489**

**PLEASE MAIL A MINIMUM OF 10 DAYS PRIOR TO ACTIVITY REGISTRATION DEADLINE**

\*For Mail-In, Drop-Off, and Fax-In registration, you will only be contacted if there are no openings or activity is canceled.

### **IMPORTANT ACTIVITY REGISTRATION INFORMATION**

**REFUND PROCEDURE:** All refund requests must be submitted in writing prior to or within the 1<sup>st</sup> week of activity. (Unless otherwise noted in class description.) Refunds will not be granted after the second week of the activity and all refunds will be subject to a \$10 administration fee. The refund will be processed through the mail and takes approximately 30 days to receive.

**REGISTER EARLY:** If an activity has not met the minimum number of enrollments three days prior to the start date, the activity may be canceled. Activities are offered on a first come, first served basis. **Please be aware of registration deadlines.**

**CLASS CHANGES:** Missouri City Parks and Recreation reserves the right to cancel, combine, or change the time, date or location of any activity at any time.

**PLEASE PRINT AND FILL OUT COMPLETELY (MAKE CHECK PAYABLE TO M.C.P.A.R.D.)**

**Name of Participant/Parent** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Address** \_\_\_\_\_ **City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Home Phone Number** ( ) \_\_\_\_\_ **WK:** ( ) \_\_\_\_\_ **Emergency/Cell:** ( ) \_\_\_\_\_

**E-mail address:** \_\_\_\_\_

| <b>Participant Name<br/>(If Different)</b> | <b>D.O.B.<br/>(Required)</b> | <b>Gender</b> | <b>Activity</b> | <b>Section #</b> | <b>Activity Starting<br/>Date</b> | <b>Fee</b> |
|--------------------------------------------|------------------------------|---------------|-----------------|------------------|-----------------------------------|------------|
|                                            |                              |               |                 |                  |                                   |            |
|                                            |                              |               |                 |                  |                                   |            |
|                                            |                              |               |                 |                  |                                   |            |
|                                            |                              |               |                 |                  |                                   |            |

I hereby certify, with the distinct understanding that the CITY OF MISSOURI CITY, TEXAS and its employees, agents and anyone acting for the CITY OF MISSOURI CITY, TEXAS shall not be held responsible of liability for any accident or injury (including damages resulting there from), or for the treatment of the same, whether or not assuming by reason of it's negligence or the negligence of doctors or physicians or other personnel treating said injury. In emergency situation, while not assuming the obligation to do so, every effort will be made to care for such emergencies as may be deemed necessary in the discretion of the person or persons representing the CITY. In the event of medical attention should become necessary, I, the undersigned individual, parent, or guardian, hereby authorize the representative of the CITY to obtain first aid and medical attention as in their discretion may seem necessary. In the event of injury, I or my parents will assume responsibility for payments of all costs arising directly or indirectly from said injury including reimbursement of any amounts, which may be paid by the CITY or its representatives.

I have read and understand the above waiver and sign it voluntarily.

**Customer's Signature:** \_\_\_\_\_  
(Name) (Date)

#### **Method of Payment**

Cash \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express \_\_\_\_\_ MO \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

\*\*\*\*\*OFFICE USE ONLY\*\*\*\*\*

**Employee accepting registration:** \_\_\_\_\_ **Date** \_\_\_\_\_ **Receipt #** \_\_\_\_\_ **Total \$** \_\_\_\_\_